



The Division of Disability and Rehabilitative Services Quarterly Update

JANUARY 2013

Personnel Web Additions

[BDDS](#)

[OBRA Announcement](#)
[District Office Challenge](#)
[Employment Services](#)
[Provider Relations Approvals](#)
[Supervised Group Living](#)
[BDDS Waiver Data](#)
[Powerful Parents](#)

[BRS](#)

[International Day](#)
[VRS Symposium](#)
[BRS Vancies](#)
[BVIS Update](#)
[DHHS Update](#)
[Project Search](#)

[BQIS](#)

[Revised CERT](#)
[Compliance Analysis](#)
[Mortality Data](#)
[Incident Reporting](#)
[Progress Reports](#)

[DDB](#)

[DDB Recongized](#)
[DDD FY12 Accomplishments](#)

[First Steps](#)

PERSONNEL

Cathy Robinson recently accepted the position of Director of Special Education Programs for DDRS. Cathy has been with DDRS, under the Bureau of Child Development Services (First Steps) as a Human Service Consultant since 2004. She received her undergraduate degree in Psychology from Ball State University, and a MS degree in Education for School Counseling from Butler University in 2003.

Candace Sexton joined DDRS in December as the new Director of Training and Compliance. She holds a B.A. in Criminology from Florida State University as well as a certification PHR (Professional in Human Resources) and a CLSC (Certified Learning Systems Consultant). She previously served as the HR manager for DDRS.

Karla Kincade has joined BDDS Central Office as the Strategic Initiatives Coordinator and will be responsible for coordination of projects that require inter-agency coordination within FSSA or with other state agencies. Previously, Karla served as a service coordinator in the BDDS District 5 Office.

Natasha Howard accepted the position of Field Operations Liaison and will manage case management relationships, waiver based performance measures, mediation and resolution of client issues, field and case management training, and quality assurance case reviews. Previously, Natasha held the positions of Strategic Initiatives Coordinator and BDDS District 5 Manager.

Richard Propes has joined BDDS Central Office as a Personal Allocation Review Specialist and will also serve as a state representative for waiver appeal hearings. Before coming to Central Office, Richard held the position of BDDS District 5 Manager.

Michelle Harden-Price has joined BDDS from the Office of Medicaid Planning and Policy and is now the BDDS District 4 Manager.

Matt Rodway has been named the BDDS Director of Client Services, at BDDS Central Office, having previously served as the North and West Field Service Director.

Leslie O'Sullivan accepted the position of Field Service Director for BDDS Districts 1, 2 and 5. Previously, Leslie held the position of BDDS District 4 Manager.

Susan Hancock has been named the new BDDS District 2 Manager. She holds a B.S. and a M.A. from Ball State University and before joining BDDS provided 25 years of service to the criminal justice system. She has served as a Probation Officer for Marion County and St. Joseph County in the Adult and Juvenile Justice Systems respectively. She has also held supervisory and executive positions while residing in St. Joseph County under the Juvenile Probation Department and St. Joseph County Community Corrections.

Christina Madsen joined First Steps in October 2012 in a consultant position. Christina holds a B.S. in Child Psychology from the University of Minnesota and a Masters in Education and received a dual licensure in early childhood special education (birth- five years) and early childhood education (Pre-K- 3rd grade).

WEB ADDITIONS

Community Integration and Habilitation Waiver 4th Amendment

DDRS has posted the Community Integration and Habilitation Waiver 4th Amendment, as approved by CMS, to the [BDDS webpage](#).

Provider Rate Chart

The BDDS Provider Rate Chart has been updated and is available on the [BDDS webpage](#) and in the [DDRS Wavier Manual](#).

Provider Meeting Announcement

DDRS will be hosting a Quarterly Provider meeting on January. 22, 2012 from 1-4 pm in the Indiana Government Center South Auditorium. The meeting announcement and agenda will be posted to the [DDRS Announcements page](#) this week.

BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES

Omnibus Budget Reconciliation Act (OBRA)

On December 14, 2012 BDDS rescinded the annual cap of \$10,500 for OBRA specialized services for individuals who reside in a nursing facility with a long term care designation as referred to in the [OBRA and State Line Services](#) announcement dated June 1, 2012.

Individuals who have had their annual review since July 2012 and have submitted a new OBRA budget, which was affected by the annual cap, will receive a letter regarding this matter and be contacted by the local BDDS OBRA Generalist to submit a new authorization of funding, based upon the level II recommendations. The new OBRA budgets will have a December 1, 2012 effective date. Please contact Tammy Harris, State Line Budget Coordinator at Tammy.Harris@fssa.in.gov with any questions.

BDDS District Office Challenge

For the last quarter of 2012, BDDS District Offices participated in a challenge aimed at promoting excellent customer service and quality business operations. District Offices or individual staff members were able to earn gold stars from external or internal customers as well as from competing in performance based outcomes.

Congratulations to BDDS District 8 staff, led by Tammy Ratts and based in Clarksville, for obtaining the most gold stars for the quarter. Finishing second was BDDS District 1 staff, led by Marcia Royster and based in Gary.

Though the challenge is over, individuals who receive quality customer service may still award staff members with gold stars in appreciation by picking a gold star paper up from the front desk of each office.

Employment Services and Innovation (ESI)

Since July 2012 ESI's Indiana Training & Employment Results Network (INTERN) program has accomplished the following:

- Full Time Hires - 12
- Hires with Providers - 8
- Candidates Interviewed - 73
- Candidates with Provider - 61
- Average Wage - \$12.51/hr
- All hires receive full benefits including health care and retirement
- ESI candidates represent 13 of 18 Indy Metro Area Community Rehabilitation Providers

Provider Relations Approvals

The chart below indicates the number of existing providers who requested and were granted approval to provide additional waiver services. It also shows the number of agencies/individuals who submitted proposals and were granted approval as new waiver providers.

	October 2012	November 2012	December 2012	Total Approved
Approval of Existing Providers Adding Services	3	0	1	4
Approval of New Providers	0	0	0	0

Supervised Group Living Vacancy

Fourth Quarter 2012 Oct. 1 – Dec. 31	
Placements	91
Vacancies as of Dec. 31, 2012	145
Total Capacity (Vacancy Rate)	3.9%

DDRS/BDDS Waiver Data

	BDDS Waiting List	Individuals Targeted since Sept. 1, 2012	Total Served
Family Supports Waiver (formerly SS waiver)	8,186	729	5,578
Community Integration and Habilitation Waiver (formerly DD and AU waivers)	n/a	n/a	8,536

Powerful Parents Groups

The 2012 Powerful Parents meetings concluded with information covering Case Management, Housemates/OBA and Transportation, along with a recap of the new DDRS Medicaid Waivers, Family Supports Waiver (FSW) and Community Integration and Habilitation Waiver (CIHW).

DDRS collected general questions posed by parents during the meetings that took place throughout the state and compiled them into a [Powerful Parents' Q&A](#) handout. Additional handouts given at each meeting can found at the following links:

- [BDDS Waiver FAQ](#) (11/27/12)
- [Case Management Announcement](#) (8/24/12)
- [Changes To OBA Plan Year](#) (8/24/12)
- [PAC Transportation Announcement](#) (8/24/12)

You are welcome to contact PowerfulParents@fssa.IN.gov with questions or comments and please check the [DDRS Commissions & Council webpage](#) periodically for updates.

BUREAU OF REHABILITATION SERVICES

International Day of Persons with Disabilities

December 3, 2012 marked President Obama's proclamation as the International Day of Persons with Disabilities. The President stated:

"On the 20th International Day of Persons with Disabilities, we reaffirm that the struggle to ensure the rights of every person does not end at our borders, but extends to every country and every community. It continues for the woman who is at greater risk of abuse because of a disability and for the child who is denied the chance to get an education because of the way he was born. It goes on for the 1 billion people with disabilities worldwide who all too often cannot attend school, find work, access medical care, or receive fair treatment. These injustices are an affront to our shared humanity -- which is why the United States has joined 153 other countries around the world in signing the Convention on the Rights of Persons with Disabilities, which calls on all nations to establish protections and liberties like those afforded under the Americans with Disabilities Act. While Americans with disabilities already enjoy these rights at home, they frequently face barriers when they travel, conduct business, study, or reside overseas. Ratifying the Convention in the Senate would reaffirm America's position as the global leader on disability rights and better position us to encourage progress toward inclusion, equal opportunity, full participation, independent living, and economic self-sufficiency for persons with disabilities worldwide."

VRS Symposium

On December 5 and 6, 2012, VRS hosted a symposium event for Vocational Rehabilitation counselors, supervisors and central office staff. The event focus was, "Celebrating the 40th Anniversary of the Rehabilitation Act: Getting Back-to-Basics." Rita Martin, former Indiana BRS Director, and current Assistant Director for the Council of State Administrators of Vocational Rehabilitation (CSAVR), opened the event emphasizing the importance of the role of the VR Counselor as well as giving the national perspective of the future of VR services.

Topics covered during the symposium included counseling strategies for transition, services for people with mental illness and addiction, ex-offenders, work incentives as well as appeal protocol. A facilitated discussion with all attendees was also held during the symposium to assist in the development of a comprehensive needs assessment in preparation for the federal fiscal year 2014 State Plan.

BRS Vacancies

BRS vacancies continue to be filled as 158 of 161 VR Counselor positions and 22 of the 25 Area Supervisor positions have been staffed. Also, all management and leadership positions have been filled and new or promoted staff are currently going through training and are being mentored in their new positions.

Blind/Vision Impaired Services (BVIS)

The Blind Enterprise Program (BEP) has been working on a contract with the military, which will also employ other individuals with disabilities, to clean approximately 200,000 military vests.

A new vending business through the BEP program recently began operation at the Emmitt J. Bean Center and the current BEP training class started in November with a full class.

Deaf/Hard of Hearing Services (DHHS)

Members of the DHHS staff attended the Northern Deaf Festival in Fort Wayne and shared information on DHHS, BVIS, and VR with the 500 people in attendance.

DHHS also continues to provide consultation and training on deaf culture, communication services, i.e. ASL, CART, etc. and related topics aimed at improving services to individual who are deaf or are hard of hearing who live across the state of Indiana. For additional information please contact DHHS at DHHSHelp@fssa.IN.gov.

Project Search

The Project SEARCH program at Hamilton Center, Inc. was awarded a \$5,000 grant from the Duke Energy Foundation and an additional \$6,000 from the Wabash Valley Community Foundation. More information on the awards can be found in the following [Tribune Star article](#).

BUREAU OF QUALITY IMPROVEMENT SERVICES

Revised Version of Compliance Evaluation Review Tool (CERT)

On Jan. 1, 2013, BQIS began using a revised version of the Compliance Evaluation and Review Tool (CERT) for initial provider compliance reviews. Independent of accreditation status, all new providers will be reviewed with this tool within 12 months of their initial approval as a HCBS Waiver Provider. Changes to the tool are as follows:

- Applicable indicators and probes are noted by service area (e.g., respite, adult day service, physical therapy, etc.). This is noted on the right side of the CERT Answer Sheet with an "X" representing an applicable indicator/probe. CERT reviews are specific to those services DDHS has approved the provider to provide. So those indicators and probes not marked with an "X" will be removed prior to generating the specific tool to be used for each provider's review.
- Particular indicators and probes have been removed due to their duplicative nature.
- Particular probes by service have been combined to further remove duplication.
- The Cover Page has been updated to align with the updated tool.

BQIS will continue to conduct combined provider compliance reviews for providers who are approved to provider Waiver services for the Division of Disability and Rehabilitative Services as well as the Division of Aging. The updated version of the CERT is available on the [BQIS webpage](#).

Complaint/Provider Compliance Analysis

BQIS has combined the analysis of complaints investigated and provider compliance reviews conducted into a new communication, titled [Complaint/Provider Compliance Analysis](#). BQIS will use the new analysis in identifying a number of consistencies between substantiated allegations identified in complaint investigations and issues identified, and supposedly corrected through the corrective action plan process in provider compliance reviews (using the Compliance Evaluation Review Tool (CERT)). The communication uses information collected from complaint investigations and CERT reviews conducted through September 2012 to discuss examples of these instances and provide recommendations for providers. The summary of results and recommendations are grouped into the following general categories:

- Provider Qualifications
- Abuse, Neglect, Exploitation
- Ethics
- Risk Plans
- Behavioral Services
- Lack of Documentation
- Transitions
- Conflict of Interest
- Consumer Finances
- Habilitation Services and Plan
- Medical Services
- Environment

The communication also includes separate sections analyzing findings from complaint investigations and CERT reviews. The majority of CERT reviews being conducted at this time are on the smaller types of services providers, i.e. behavioral clinicians and therapists (music, speech, physical, recreational, and speech therapists). The areas identified with the most non-compliance are broken out by service provider type. The purpose of this information is for providers to assure alignment of their practices, procedures and files with the outlined regulations. Providers taking this approach will reduce organizational risk and facilitate a positive review process for those involved.

Mortality Review Communication

On a quarterly basis BQIS posts mortality data and systemic recommendations resulting from its Mortality Review Committee. While this data may pertain to co-morbid conditions that are not directly attributable to the cause of consumers' deaths, providers' further examination is warranted as the risks involved with these conditions may have contributed to the cause of death. BQIS expects that providers will review and use this information to increase its staff's awareness of issues contributing to deaths of individuals with intellectual disabilities, and to make necessary systems changes to prevent future deaths and other negative outcomes for individuals with disabilities. This quarter's Mortality Review Communication is on the [BQIS webpage](#).

Incident Reporting Communication

BQIS has updated its statewide, aggregated incident reporting data related to all individuals receiving funded through the Indiana Medicaid HCBS waiver programs from July - September 2012. Providers will want to review this information and compare and contrast it to their own incident data to see if/how their agency contributed to upward trends. Throughout the communication BQIS has made recommendations for providers to consider. Providers will also want to think about how they can incorporate aggregate statewide data it into their internal training programs.

Aggregated data and analysis is presented on incident types reported most frequently, provider response time for reporting and closing incidents, and providers' follow-up actions when investigating incidents of abuse, neglect, or exploitation allegations. Similar to the Mortality Review and CERT Communications, BQIS is providing this quarterly analysis with recommendations for providers to improve their systems. This quarter's Incident Reporting Communication is available on the [BQIS's Incident Reporting webpage](#).

Progress Reports and Other Consumer-Specific Documents

It has come to the attention of BDDS and BQIS that progress reports and other significant consumer-specific documents are not being uploaded to the state's case management system, UAdvocare. Please review the chart below and be sure you understand your responsibilities as all providers are required to submit the following documentation. Also, the [DDRS Policy: Maintenance of Records of Services Provided](#) has a complete list of provider requirements for documenting services delivered.

<u>Service Provider Type</u>	<u>Frequency</u>	<u>Documentation Type</u>	<u>Due Date</u>
Residential Habilitation Support Day Services: Prevocational Supported Employment Follow Along Community Based Habilitation [Individual or Group] Facility Based Habilitation [Individual or Group] services)	At least monthly	<u>Progress Note Content</u> <ul style="list-style-type: none"> • Information on an Individual's participation in and progress toward all applicable ISP outcomes and associated strategies and activities; • Information on health and risk issues, and outcomes associated with these issues; • Information on reportable incidents, and outcomes of these incidents; and • Any significant changes in an Individual's status. 	<p>By the 15th of the month All Providers should forward these materials to their consumers' case managers.</p> <p>Within five (5) business days of receiving progress summaries Case Managers should forward service provider updates to each member of the consumer's support team.</p>
Behavioral Support Respite Participant Assistance and Care Music Therapy Speech Therapy Occupational Therapy	At least quarterly (or more frequently if determined by the consumer's support team)	<u>Progress Note Content</u> <ul style="list-style-type: none"> • Information on an Individual's participation in and progress toward all applicable ISP outcomes and associated strategies and activities; • Information on health and risk issues, and outcomes associated with these issues; • Information on reportable incidents, and outcomes of these incidents; and 	<p>By the 15th of the month All Providers should forward these materials to their consumers' case managers.</p> <p>Within five (5) business days of receiving progress summaries Case Managers should forward service provider updates to each member of the consumer's support team.</p>

Physical Therapy Psychological Therapy Recreational Therapy		<ul style="list-style-type: none"> Any significant changes in an Individual's status. 	
Structured Family Caregiving	For meetings of the consumer's support team	<p><u>Progress Note Content*</u></p> <ul style="list-style-type: none"> Families are required to make one dated entry per day detailing any outcome-oriented activities identified on the ISP as well as an entry regarding any significant issues with health and safety, challenges and experiences, changes of functional skills, guidance and direction for social/emotional support, or the physical and social integration into typical family routines and rhythms. Providers must keep weekly case notes that can be accessed by the state. <p>*See Part 10: Section 10.33 of the DDRS Waiver Manual 2012 for details</p>	<p>Ongoing, providers of Structured Family Caregiving must maintain documentation and produce such as may be requested by the State.</p> <p>Documentation regarding the consumer's status/progress should be presented/reviewed during meetings of the support team</p>
All Providers	As needed basis	<p><u>Consumer-Specific Documentation</u></p> <ul style="list-style-type: none"> Individual Support Plans Behavior Support Plans All risk plans Functional Behavioral Analysis Meeting Notes Medical reports Police reports Correspondence regarding individual's health or welfare 	On an ongoing basis as documents are produced

DISABILITY DETERMINATION BUREAU

Indiana DDB Recognized by the Feds Outstanding Performance

The Indiana Disability Determination Bureau (DDB), a part of FSSA's Division of Disability and Rehabilitative Services, has a long history of outstanding performance. DDB has been the top performing disability determination service in "Production per Work Year" for seven out of the last nine years; and has received a Commissioner's Citation in each of the last nine years. Only 12 to 15 services in the nation receive this award each year.

To be recognized, a disability determination service must exceed performance expectations for all three indicators: Accuracy, Timeliness and Productivity, while meeting or exceeding workload clearance expectations. Three states in the Chicago Region are regularly recognized: Indiana, Illinois and Minnesota—and the Indiana DDB assisted both Illinois and Minnesota in processing Psychiatric Cases Reviews for six years through the end of FY2011.

A Few Accomplishments of the Indiana DDB in SFY12:

- Processed 2,903 more cases than in SFY11, with processing times well below regional and national processing times.
- Not only had the highest productivity in their region, DDB had the highest productivity in the nation.
- Achieved overall net accuracy of 97.3 percent for the period ending June 2012, exceeding the national goal of 97 percent.

FIRST STEPS

Recently, First Steps has been in the process of updating the content and graphics on its webpage. If there are items that appear difficult to find or if you have general comments, they may be sent to firststepsweb@fssa.in.gov.